



11-06-03

3761

Application No. (if known): 09/761,511

Attorney Docket No.: 02309/000158-US0

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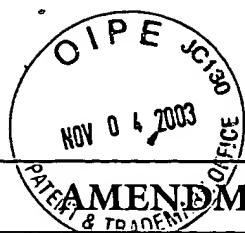
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J. J. JAWORSKI

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**Amendment Transmittal (1 page)**  
**Amendment in Response to Non-Final Office Action (11 pages)**



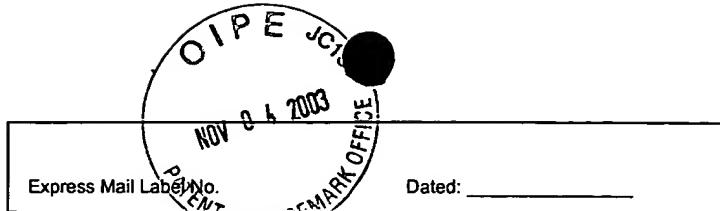
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| <b>AMENDMENT TRANSMITTAL LETTER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                             |                             | Docket No.<br>02309/0001158-US0 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------|-----------------------------|---------------------------------|------|-------------------|--|--|--|--|--|--|----------------------------------|--------------------------------|-----------------------------|------|--|---------------------|----|--------|--|---|------|---------------------------|---|-------|--|---|------|--------------------------------------------------------------------------|--|--|--|--|--|-----------------------------|--|--|--|--|--|------------------------------------------------------|--|--|--|--|--|
| Application No.<br>09/761,511-Conf. #5640                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Filing Date<br>January 16, 2001  | Examiner<br>C. Anderson                     | Art Unit<br>3761            |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| Applicant(s): Takayuki Hisanaka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| Invention: ABSORBENT ARTICLE CONTAINING SKIN-PROTECTIVE INGREDIENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <b>TO THE COMMISSIONER FOR PATENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| Transmitted herewith is an amendment in the above-identified application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| The fee has been calculated and is transmitted as shown below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td><b>Total Claims</b></td><td>11</td><td>- 20 =</td><td></td><td>x</td><td>0.00</td></tr><tr><td><b>Independent Claims</b></td><td>4</td><td>- 4 =</td><td></td><td>x</td><td>0.00</td></tr><tr><td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td></tr><tr><td colspan="6">Other fee (please specify):</td></tr><tr><td colspan="6"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00</td></tr></tbody></table> |                                  |                                             |                             |                                 |      | CLAIMS AS AMENDED |  |  |  |  |  |  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |  | <b>Total Claims</b> | 11 | - 20 = |  | x | 0.00 | <b>Independent Claims</b> | 4 | - 4 = |  | x | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00 |  |  |  |  |  |
| CLAIMS AS AMENDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Claims Remaining After Amendment | Highest Number Previously Paid              | Number Extra Claims Present | Rate                            |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11                               | - 20 =                                      |                             | x                               | 0.00 |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <b>Independent Claims</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4                                | - 4 =                                       |                             | x                               | 0.00 |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| Other fee (please specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <input checked="" type="checkbox"/> Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | <input type="checkbox"/> Small Entity       |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <input type="checkbox"/> No additional fee is required for this amendment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | A duplicate copy of this sheet is enclosed. |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| Dated: November 4, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| Alphonse A. Collins<br>Attorney Reg. No.: 43,559                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |
| DARBY & DARBY P.C.<br>P.O. Box 5257<br>New York, New York 10150-5257<br>(212) 527-7723                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |                                             |                             |                                 |      |                   |  |  |  |  |  |  |                                  |                                |                             |      |  |                     |    |        |  |   |      |                           |   |       |  |   |      |                                                                          |  |  |  |  |  |                             |  |  |  |  |  |                                                      |  |  |  |  |  |

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Docket No.: 02309/000I158-US0  
(PATENT) 11-18-03

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Takayuki Hisanaka

Application No.: 09/761,511

Art Unit: 3761

Filed: January 16, 2001

Examiner: C. Anderson

For: **ABSORBENT ARTICLE CONTAINING SKIN-  
PROTECTIVE INGREDIENT**

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated August 22, 2003, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

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